

1764

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	<u>Yavapai</u>	BUREAU OF VITAL STATISTICS	State Index - - - - No. <u>562</u>
District	<u>Oak Creek</u>	ORIGINAL CERTIFICATE OF DEATH	County Registrar's - - No. _____
Town or City	_____	No. _____	Local Registrar's - - - No. _____
(If death occurred in a hospital or institution, give its NAME instead of street number).			
2. FULL NAME <u>Clairborne Pirtle</u>			
(a) Residence. No. _____		St., _____ Ward _____	
(Usual place of abode)		(If non-resident, give city or town and State)	
Length of residence in city or town where death occurred		yrs. <u>1</u> mos. <u>14</u> ds.	How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds. _____
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>Married</u>	
5a. If married, widowed, or divorced			
HUSBAND of <u>Edisabeth Pirtle</u>			
(or) WIFE of _____			
6. DATE OF BIRTH (month, day and year) <u>Aug 13, 1881</u>			
7. AGE	Years <u>46</u>	Months <u>3</u>	Days <u>14</u>
		IF LESS than 1 day _____ hrs. _____ min.	
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Farmer</u>			
(b) General nature of industry, business or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (city or town) <u>Young County</u>			
(State or country) <u>Texas</u>			
10. NAME OF FATHER <u>Geo. P. Pirtle</u>			
11. BIRTHPLACE OF FATHER <u>Kentucky</u>			
(State or country) _____			
12. MAIDEN NAME OF MOTHER <u>Hattie Cornett</u>			
13. BIRTHPLACE OF MOTHER <u>Kentucky</u>			
(State or country) _____			
14. Informant <u>Geo. C. Pirtle</u>			
(Address) _____			
15. Filed <u>Feb 28, 1928</u> <u>Fred H. Schuerman</u>			
Local Registrar.			
V. S. No. 1 _____, 19 _____			
County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day and year) <u>February 28th 1928</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>Feb 26th</u>			
<u>1928</u> to <u>Feb 27</u> , 19 <u>28</u>			
that I last saw him alive on <u>Feb 27th</u> , 19 <u>28</u>			
and that death occurred, on the date stated above at <u>10 a. m.</u>			
The CAUSE OF DEATH* was as follows: <u>Rupture of Aorta</u>			
(duration) <u>15</u> yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____			
(duration) _____ yrs. _____ mos. _____ ds.			
18. Where was death <u>at home</u>			
if not at place of death? <u>Okla. home</u>			
Did an operation precede death? <u>none</u>			
Was there an autopsy? <u>no</u>			
What test confirmed diagnosis? <u>clinical</u>			
(Signed) <u>N. S. Henderson</u> , M. D.			
<u>2-29</u> 19 <u>28</u> (Address) <u>Cotton Wood Ariz.</u>			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL		DATE OF BURIAL	
20. UNDERTAKER <u>W. C. Healey</u>		<u>Feb 29 1928</u>	
		ADDRESS <u>Cornville</u>	